CLERK, U.S. DISTRICT COURT
DISTRICT OF NEW JERSEY
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Dennis Obado

1034 Edpas Road

New Brunswick, NJ 08901

April 30, 2013

WILLIAM T. WALSH, CLERK,

UNITED STATES DISTRICT COURT OF NEW JERSEY

Clarkson S. Fisher Building & U.S. Courthouse

402 East State Street, Trenton, NJ 08608

RE: Notice of Removal of Petition for Cert, from New Jersey Supreme Court(In matter of Drexel University vs. Dennis Obado(Student Loan matter),

Dear Mr. Walsh,

Kindly be advised that I am the Defendant in the Drexel Case, and I am requesting for a removal from petition for certification, at New Jersey Supreme Court. I have not yet received notice from the Courts regarding the status of the case, and any assigned case manager. Since I am indigent, I have enclosed further documentation of my indigent status, with my social security earnings report, and an application for charity care, made by me at Saint Peters clinic, and the Hospital. I have been chronically unemployed, and have been relying on my mother for full support, during these difficult economic times. If you have any questions, feel free to contact me, at (732) 246-5158, as my phone just recently got reconnected.

Respectfully submitted,

Dennis Obado

Dated: April 30, 2013

Enclosure

cc: Brian MCCabe, Esq. Drexel Counsel

Peter's University Hospital
Easton Ave, New Brunswick, NJ 08901

New Jersey Hospital Care Assistance Program
DETERMINATION OF APPLICATION FOR PARTICIPATION
MEDICAL RECORD # 0492553
1/207 00867

Section 1 – Applicant Information

FULL NAME ACCORDING TO LEGAL ID (IF DIFFERENT): Passport Obado, Dennis Odhiambo

1. Patient Name(Last, First, MI): Obado, Dennis Date of Birth: 6/15/70		2. Family Size: 1 Prenatal: ☐ Yes ☐ No
3. Date of Service: 10/10/11	4. Date of Determination: 10/10/11	5. Date of Expiration: 10/9/12
6. Income Computation: ☑ 12 Months ☐ 13 Weeks x 4 ☐ 3 Months ☐ 1 Month x 12		7. Total Income: $0

Section 2 – Medicaid Determination

8. Was referral made for Public Assistance? ☐ Yes ☑ No	Explanation:	☑ Patient not categorically eligible for Medicaid (Not aged, blind, or disabled) ☐ CC only to cover services not eligible for Emergency Medicaid ☐ Patient not eligible due to: ______

Section 3 – Determination

☑ Your request for New Jersey Hospital Assistance has been approved. Your financial responsibility is 0 % of the hospital charges for services beginning on 10/10/11. The hospital may provide assistance of 100 % of the hospital charges for any future hospital services for a period of 12 months from the initial date of service.

☐ Your request for New Jersey Hospital Assistance has been denied because you do not meet the eligibility requirements. Specific reasons for ineligibility are as follows:

- ☐ Documentation of income not provided.*
- ☐ Documentation of assets not provided.*
- ☐ Income exceeds eligibility criteria.
- ☐ Assets exceed eligibility criteria.**
- ☐ Patient referred to Medicaid.
- ☐ Failure to provide Medicaid Denial.
- ☐ Other:

★ CHARITY CARE *DOES NOT* COVER LABOR & DELIVERY OR PREGNANCY-RELATED EMERGENCIES, YOU MUST APPLY FOR MEDICAID COVERAGE

★ CHARITY CARE *NO* CUBRE NI EL PARTO N... EMERGENCIAS CON EL EMBARAZO TIENE QUE APLICAR PARA EL MEDICAID

*Applicants found ineligible based on the fact that specific information was not provided should provide this information to the hospital:
Saint Peter's University Hospital
254 Easton Ave, PO Box 591
New Brunswick, NJ 08901
732-745-8600

**Applicants with assets that exceed eligibility have the option to "spend down" the excess toward the hospital bill. If you pay $______ toward your hospital bill, the remaining balance can be considered eligible for ______% under the New Jersey Hospital Care Assistance Program.

IMPORTANT INFORMATION:

✓ Charity Care for above-named patient only. Any additional family members are included *only* to reflect household size.

✓ If there is a change in household size or financial situation, you may need to be reevaluated for eligibility.

✓ Charity Care does not cover the following services:
- Physician fees
- Anesthesiology
- Radiology
- Fertility treatments
- Outpatient prescriptions
- Cosmetic procedures

Name of Evaluator: Mitsy Bolanos	Title: RA	732-745-8600 Ext. 8038
Signature: Mitsy Bolanos	Date: 10/10/11	

Applicants who have questions about the program may contact:

New Jersey State Department of Health, HEALTHCARE FOR THE UNINSURED PROGRAM, CN 360, Trenton, NJ 08625-0360 Telephone Number: 800-367-6543

CL-87 (7/11)

YL UNIVERSITY VS. DENNIS OBADO Docket NO. L-5101-10

aintiff

Defendant

dant's partial recent security statement

DENNIS OBADO'S social security statement

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OFFICE

COUNTY

You and your family may be eligible for valuable benefits:

When you die, your family may be eligible to receive survivors benefits.

Social Security may help you if you become disabled—even at a young age.

A young person who has worked and paid Social Security taxes in as few as two years can be eligible for disability benefits.

Social Security credits you earn move with you from job to job throughout your career.

2006	0	0
2007	0	0
2008	0	0
2009	0	0
2010	Not yet recorded	

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